

Parade / Special Event Permit Request

Organization:	Function:							
Address:	(Parade o	or Special Eve	ent, etc.)					
Contact Person(s):	Address:							
	e mail:							
	Phone: e-mail: _							
	Time of Event:							
Assembly Point:	Assembly Time:							
Approximate number of units involved:	Will the entire street be utilized?	Yes	No					
How many people from your organization will help with the event/parade?								
What is the route of your parade? (Ple	ase submit a map or detailed description	1.)						
Signature:	Date:							
Space Below to be Use	ed by Police Department Perso	nnel On	ly					
Request: Approved	Denied							
Signature:	Date:							
Police Department Contact:								
Return this request by mail, fax, e-maidays before the event. The request wi	il or in person to the South Jacksonville ll be processed and returned to you witl	Police De	partment 14 rking days.					

South Jacksonville Police Department 301 Dewey Drive South Jacksonville, IL 62650 Ph.: 217-243-7241

Fax: 217-243-7364 E-mail: sjpd@southjacksonville.org

See Reverse Side and Complete For Special Event Details.



Name:			Phone #:		
Department S	Services Req	γuested:			
Police	Fire	EMS _	Municipal (Street, Water,	etc.)
control):			, barricades, v		